

MULTIPLE-DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-873)						SERIAL NO. 10/049989	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2				X			52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11		2					61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18		3		B			68				
19		3		3			69				
20		3		3			70				
21		2					71				
22		(1)		X			72				
23							73				
24				X			74				
25							75				
26							76				
27							77				
28							78				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.		20					TOTAL DEP.				
TOTAL CLAIMS		36					TOTAL CLAIMS				

PTO-1350 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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